THE NATIONAL INSURANCE BOARD RETIREMENT BENEFIT APPLICATION

(PLEASE USE BLOCK/CAPITALS)

Please read the notes at the back of this form CAREFULLY.

NOTE: This application must be submitted not later than 12 months from the date of Retirement

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	(FOR OFFICIAL USE) CLAIM NO:								
SERVICE CENTRE CODE:									

NI 82

77072. This application made be submit	ted not later than 12 months from the dat							
SECTION "A" - TO BE COMPLETED BY APPLICANT								
1. NAME:	JRNAME	OTHER NAME(S)						
2. HOME ADDRESS:								
	(STREET)							
3. *POSTAL	(CITY/DISTRICT/COUNTY)							
ADDRESS (if different	(STREET)							
from above):	(STREET)							
4 NATIONAL	(CITY/DISTRICT/COUNTY)							
4. NATIONAL INSURANCE NO.: 5. DATE OF								
7. TELEPHONE NUMBERS:	(HOME)							
8. MARITAL STATUS: SINGLE	(HOME) (OFFICE/WORI	(CELLULAR) DIVORCED						
9. STATE MAIDEN NAME (Where applicable):	SURNAME							
10. LAST OCCUPATION:	JUNIVAIVIE							
11. NAME OF LAST EMPLOYER:								
12. LAST EMPLOYER REGISTRATION NO: (If known)								
13. EMPLOYMENT RECORD FROM 10 APP	IIL, 1972. (Please use additional sheets of pa	per if more space is required.)						
NAME OF EMPLOYER	ADDRESS OF EMPLOYER	TYPE OF EMPLOYMENT TEMPORARY/CASUAL/ PERMANENT PERMANENT						
		1 Ellingiteit i						
14. DID YOU WORK OR LIVE IN CANADA OR WORKED IN ANY OF THE CARICOM COUNTRIES? If "YES", please provide: (i) SOCIAL SECURITY NO.								
(ii) COUNTRY:								
15. LAST DATE OF EMPLOYMENT: YYYY MM DD YYYY MM DD								
N.B. This should include pre-retirement leave/vacation leave. (See pg. 4 for details)								
16. HAVE YOU EVER APPLIED FOR A RETIREMENT BENEFIT? If "YES", state Service Centre: YES NO								

SECTION "A" - TO BE COMPLETED BY APPLICANT (CONT'D)						
17. ARE YOU IN RECEIPT OF ANY BENEFIT LISTED BELOW?						
(a) INVALIDITY YES NO						
(b) SICKNESS YES NO						
(c) EMPLOYMENT INJURY						
18. HAVE YOU PAID VOLUNTARY CONTRIBUTIONS?						
19. PLEASE INDICATE THE METHOD OF PAYMENT OF BENEFIT:						
MAIL TO: POSTAL ADDRESS DEPOSIT TO: FINANCIAL INSTITUTION						
(If method of payment is "FINANCIAL INSTITUTION", complete below).						
FINANCIAL INFORMATION						
(If method of payment is "FINANCIAL INSTITUTION", complete below).						
The NIBTT considers the foregoing information as instructions from you regarding the deposit of your benefit payment to the financial institution of your choice.						
The NIBTT is not liable for any payment issued to an inaccurate financial institution or account based on these instructions.						
NAME OF FINANCIAL INSTITUTION:						
ADDRESS: (STREET)						
(CITY/DISTRICT/COUNTY)						
ACCOUNT NUMBER:						
20. IS THIS ACCOUNT A JOINT ACCOUNT?						
21. IF "YES", PLEASE STATE THE NAME(S) AND ADDRESSES OF JOINT ACCOUNT HOLDER(S).						
NAME: SURNAME OTHER NAME(S)						
ADDRESS:						
(STREET)						
(CITY/DISTRICT/COUNTY)						
NAME: SURNAME OTHER NAME(S)						
ADDRESS:						
(STREET)						
(CITY/DISTRICT/COUNTY)						

DECLARATION

there is any statement in this declaration which is fals	the information given by me is true and correct and I am aware that if se in fact or which I know or believe to be false or do not believe to be tree thousand dollars (\$3,000.00) and to imprisonment for two years					
SIGNATURE OR MARK OF APPLICANT	DATE:					
	TO MARK (Where Claimant Cannot Sign)					
	TO WARK (Where Claimant Calmot Sign)					
NAME: SURNAME	OTHER NAME(S)					
ADDRESS: (STREET)	PASSPORT					
(STREET)	VALID IDENTIFICATION: DRIVER'S PERMIT					
(CITY/DISTRICT/COU	(Tick appropriate box)					
OCCUPATION:	NUMBER: NUMBER:					
SIGNATURE OF WITNESS DATE:						
SECTION "B" - TO BE COMPLETED BY I	AST EMPLOYER (SEE NOTE NO. 8 ON PAGE 5)					
I certify that SURNAME OTHER NAME(S)						
whose date of birth is YYYY MM DD	retired from our Employment with effect from YYYY MM DD					
TICK APPROPRIATE BOX:						
HAS BEEN RE-EMPLOYED WITH EFFECT FROM	YYYY MM DD					
HAS NOT BEEN RE-EMPLOYED AFTER	YYYY MM DD					
I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.						
NAME: SURNAME	OTHER NAME(S)					
POSITION:						
SIGNATURE:	COMPANY STAMP (If any) DATE:					

SECTION "C" - FOR OFFICIAL USE		
APPLICATION RECEIVED BY:		
NAME:	IER NAME(S)	
SERVICE CENTRE STAMP SIGNATURE OF SERVICE CENTRE STAMP DATE:	YYYY	MM DD
PART "I" - CUSTOMER SERVICE REPRESENTATIVE		
1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED AND UPDATED (IF NECESSARY) ON I.A. SYSTEM	☐ YES	Пno
2. REGISTRATION RECORD COMPLETED? (If "NO" complete forms NI 165/NI 182 as applicable)	☐ YES	☐ NO
3. CHECK FOR DUPLICATE REGISTRATION (SIRF file included)? (Record Results on Minute Sheet)	☐ YES	No
4. CLAIM HISTORY VIEWED? (If yes, record findings here.) (Use minute sheet if this space is inadequate.)	YES	□ NO
5. APPLICATION COMPLETED AND ACCEPTED FOR PROCESSING?	YES	□ NO
6. APPLICATION RECORDED? (Print and attach Claim Profile)	YES	□ NO
7. OUTSTANDING CONTRIBUTION RECORDED? (Print and attach Audit Report)	YES	□ NO
8. APPLICATION PROCESSED?	YES	□ NO
CUSTOMER SERVICE REPRESENTATIVE	YYYY	MM DD
PART II - MANAGER/SUPERVISOR/CLERICAL OFFICER II		
1. DETAILS OF CLAIM PROFILE VERIFIED?	YES	□ NO
2. CONTRIBUTION AUDIT REPORT VERIFIED?	YES	□ NO
3. CONTRIBUTIONS TRANSFERRED?	YES	☐ NO
4. CLAIM AUTHORIZED/DISALLOWED?	YES	□ NO
DATE:	111	
MANAGER/SUPERVISOR/CLERICAL OFFICER II	YYYY	MM DD

RETURN OF BENEFIT APPLICATION

- 1. Use BLOCK/CAPITALS to complete this Form.
- 2. Retirement Benefit is payable from age 60 (provided that you are no longer in Insurable Employment) OR from age 65 whether employed or not. Your application must be submitted not later than 12 months from the Date of Retirement.
- 3. There are TWO types of Retirement Benefit:
 - (a) Retirement Pension, OR (b) Retirement Grant, if you do not qualify for the Pension.

Leaflets available at your Service Centre will provide details on these Benefits.

- 4. For item 15, the "Last Date Of Employment", relates to the last date on which you were paid by your Employer.
- 5. For item 18, Voluntary Contributions are paid by an insured person who is unemployed and wishes to maintain his contribution record during periods of unemployment.
- 6. Your completed Form MUST be accompanied by a CERTIFIED COPY of your Birth Certificate/Affidavit if necessary. In the case of a married Female, a CERTIFIED COPY of your Marriage Certificate MUST ALSO be submitted.
- 7. Your Retirement Pension Payments will be sent to a Financial Institution of your choice every month.

 Note however, a Form NI 65 "Life Certificate" MUST be completed and submitted as required by the Board for payments to continue. These certificates are available from any Service Centre.
- 8. SECTION 'B' is to be completed by last employer for persons who were no longer in insurable employment prior to age 65.